

BEST AVAILABLE COPY

# CLAIMS ONLY

15

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12	1					
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
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31	1					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	3					
TOTAL CLAIMS	3	1				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS